

UNITED STATES DISTRICT COURT

MIDDLE

District of

ALABAMA

ASD SPECIALTY HEALTHCARE, INC. dba
ONCOLOGY SUPPLY COMPANY
V.

SUMMONS IN A CIVIL CASE

ONCOLOGY HEMATOLOGY CENTERS OF
ATLANTA, P.C. AND LLOYD G. GEDDES

CASE NUMBER: 1:05-cv-00591-MEF-SRW

TO: (Name and address of Defendant)

Lloyd G. Geddes
1325 Scott Boulevard
Decatur, GA 30030

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

James J. Robinson, Esquire
Health A. Fite, Esquire
Burr & Forman
420 North 20th Street, Suite 3100
Birmingham, AL 35203

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Debra P. Hackett

June 24, 2005

CLERK

DATE

Dana M. Crofford
BY DEPUTY CLERK

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE
NAME OF SERVER (<i>PRINT</i>)	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

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ATLANTA, P.C. AND LLOYD G. GEDDES

CASE NUMBER: 1:05-cv-00591-MEF-SRW

TO: (Name and address of Defendant)

Oncology Hematology Centers of Atlanta, P.C.
c/o Raquel M. Gayle
600 Peachtree Street, Suite 5200
Atlanta, GA 30308

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

James J. Robinson, Esquire
Health A. Fite, Esquire
Burr & Forman
420 North 20th Street, Suite 3100
Birmingham, AL 35203

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U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0250 0000 7000 0520 0250 0000

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

1:05CW591

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Lloyd G. Geddes

Street, Apt. No., or PO Box No.

1325 Scott Boulevard

City, State, ZIP+4

Decatur, Georgia 30030

PS Form 3800, February 2000

See Reverse for Instructions

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